



Rhythm & Spirit Spring Tumbling Registration Information–Page 1

PARTICIPANT'S NAME: (LAST) _____ (FIRST) _____ (AGE) _____

Please choose your class below:

Session #1

Wednesdays January 9-February 27

_____ ages 2-3yr 10:30am-11:15am \$70
(Mommy and me)

_____ ages 4-5yr 11:30am-12:15pm \$70
(Parent present)

Thursdays January 10-February 28

_____ ages 2-3yr 10:30am-11:15am \$70
(Mommy and me)

_____ ages 4-5yr 11:30am-12:15pm \$70
(Parent present)

Session #2

Wednesdays March 6-May 8 *no class March 25-30 (Spring Break)

_____ ages 2-3yr 10:30am-11:15am \$70
(Mommy and me)

_____ ages 4-5yr 11:30am-12:15pm \$70
(Parent present)

Thursdays March 7-May 9 *no class March 25-30 (Spring Break)

_____ ages 2-3yr 10:30am-11:15am \$70
(Mommy and me)

_____ ages 4-5yr 11:30am-12:15pm \$70
(Parent present)



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Child's Information:

NAME: (LAST) _____ (FIRST) _____

AGE: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

CITY: _____ ZIP: _____

SCHOOL: _____ GRADE: _____

PRIMARY PARENT/GUARDIAN:

Name: _____

Address: _____

City _____ State _____ Zip _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Employer: _____

Address: _____

City _____ State _____ Zip _____

SECONDARY PARENT/GUARDIAN:

Name: _____

Address: _____

City _____ State _____ Zip _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Employer: _____

Address: _____

City _____ State _____ Zip _____

EMERGENCY CONTACT (*other than a parent*): _____

EMERGENCY CONTACT PHONE #'S: _____

RELATIONSHIP TO PARTICIPANT: _____

PHYSICIAN: _____ PHONE: _____

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PARTICIPANT'S NAME: (LAST) _____ (FIRST) _____

PARTICIPANT/PARENT/LEGAL GUARDIAN CONSENT AND RELEASE

I give my consent for my child/children (listed above) to participate in the Rhythm & Spirit Dance program and/or other recreational activities sponsored by the Williamson County Parks and Recreation Department (WCPR). I understand that supervising adults conduct all activities and that my child must obey all rules and regulations of the program so that discipline and safety standards as set by WCPR can be maintained.

I understand that no health or accident insurance is provided by the County for my child/children or any other participant and in case of emergency, my child/children may be taken to a physician or hospital at my expense. I authorize WCPR personnel to transport my child/children for treatment in the event of an emergency.

I agree to hold harmless, indemnify and release Williamson County and the Williamson County Parks and Recreation Department, their agents, officers, employees, and volunteers, from and against any and all liability, claims, losses, expenses, judgements, injury or damage I or my child/children may sustain in connection with my child's participation in the Rhythm & Spirit Dance program or other WCPR programs. I understand and agree that neither Williamson County nor Williamson County Parks and Recreation Department shall be responsible for any injury, claim or damage arising out of defective or dangerous premises when my child/children is/are not on property owned or controlled by Williamson County or the Williamson County Parks and Recreation Department and neither shall bear any responsibility for my child/children's safety prior to arrival at the campsite or after departure.

Parent/Guardian:

Signature

Date

Print Name

RELEASE FOR PHOTOGRAPHS AND MEDIA:

I give my consent and authorize Williamson County Parks and Recreation Department to exercise the unrestricted right to take, use, reuse, and reproduce pictures of my child/children (listed above) or myself and use such photographs as follows:

1. in any publication (including; but not limited to, newspapers, television and/or radio broadcasts, books, brochures, magazines, displays, Internet broadcasts, and motion pictures) in such manner and at such times and in such places as the Parks and Recreation Department shall determine; and
2. to copyright and use, re-use, publish, and republish photographic portraits or pictures of me or my minor child, named herein, or in which I or my minor child may be included intact or in part, or reproduction hereof in color or otherwise, made through any and all media now or hereafter known for illustration, art, promotion, advertising, trade, or any other purpose whatsoever.

By signing this document, the above named and the undersigned relinquish any right that they may have to examine or approve the completed product or products or the advertising copy or printed matter that may be used in conjunction therewith or the use to which it may be applied at the complete discretion of the Parks and Recreation Department.

By signing this document, the undersigned releases, discharges and agrees to save harmless the Parks and Recreation Department and Williamson County, its employees, officers, volunteers, or assigns, and all persons functioning under their permission or authority, from any claims for libel or invasion of privacy from the use of any material as specified herein.

This authorization and release shall inure to the benefit of the legal representatives, licensees and assigns of the Parks and Recreation Department as well as the person(s) for whom he/she took the photographs.

I have read the foregoing and fully understand the contents hereof. I represent that I am the [parent/ guardian] of the above named minor(s). For value received through participation in programs or events, I hereby consent to the foregoing on his/her/their behalf.

Parent/Guardian:

Signature

Date

Print Name

